

Primary care translation services -

ensuring the voices of migrant communities are central to the development and design of services that they use.

A new interpreting and translation service for primary care is being developed by NHS West Yorkshire Integrated Care Board. Through the Public Health led Migrant Health Board, it was identified that engagement with people with English as a second language was limited and the need to ensure the voices of migrant communities are central to the development and design of services that they use. In response, a well-attended workshop - using an adaptive active methodology - focused on user experience of the current service. These have been used by the ICB Commissioner to inform the new specification.

Nationally, there is [guidance for commissioners interpreting and translation services in primary care to support local commissioners of primary care services](#) when commissioning translation or interpreting services. The focus of this guidance is primary medical care services (GP surgeries). It highlights 8 principles of best practices commissioners should consider when commissioning services for NHS patients and carers:

- Access to Interpreting Services
- Booking Interpreting Services
- Timeliness of Access to Interpreting Services
- Taking a Personalised Approach to Interpreting Services
- Professionalism and Safeguarding
- Compliments, Comments, Concerns, and Complaints
- Translation of Documents
- Quality Assurance and Continuous Improvements

Key comments from the workshop have been applied to the 8 principles:

Access to Interpreting Services

Access to interpreters is inconsistent across different areas of the city. Some people resort to using friends or family members, including children, which raises confidentiality concerns. New specification to make clear that this is unacceptable. The availability of interpreters who speak the correct dialect and language is crucial, especially for communities with diverse linguistic needs. Local healthcare and council services should regularly record and evaluate the availability and usage of interpreters in practice. Any new translation and advocacy services should meet the needs of the community.

Booking Interpreting Services

- Booking interpreters is challenging, especially when the receptionist or system doesn't understand the specific needs of the patient. This can lead to incorrect referrals or difficulties in securing appointments.

Timeliness of Access to Interpreting Services

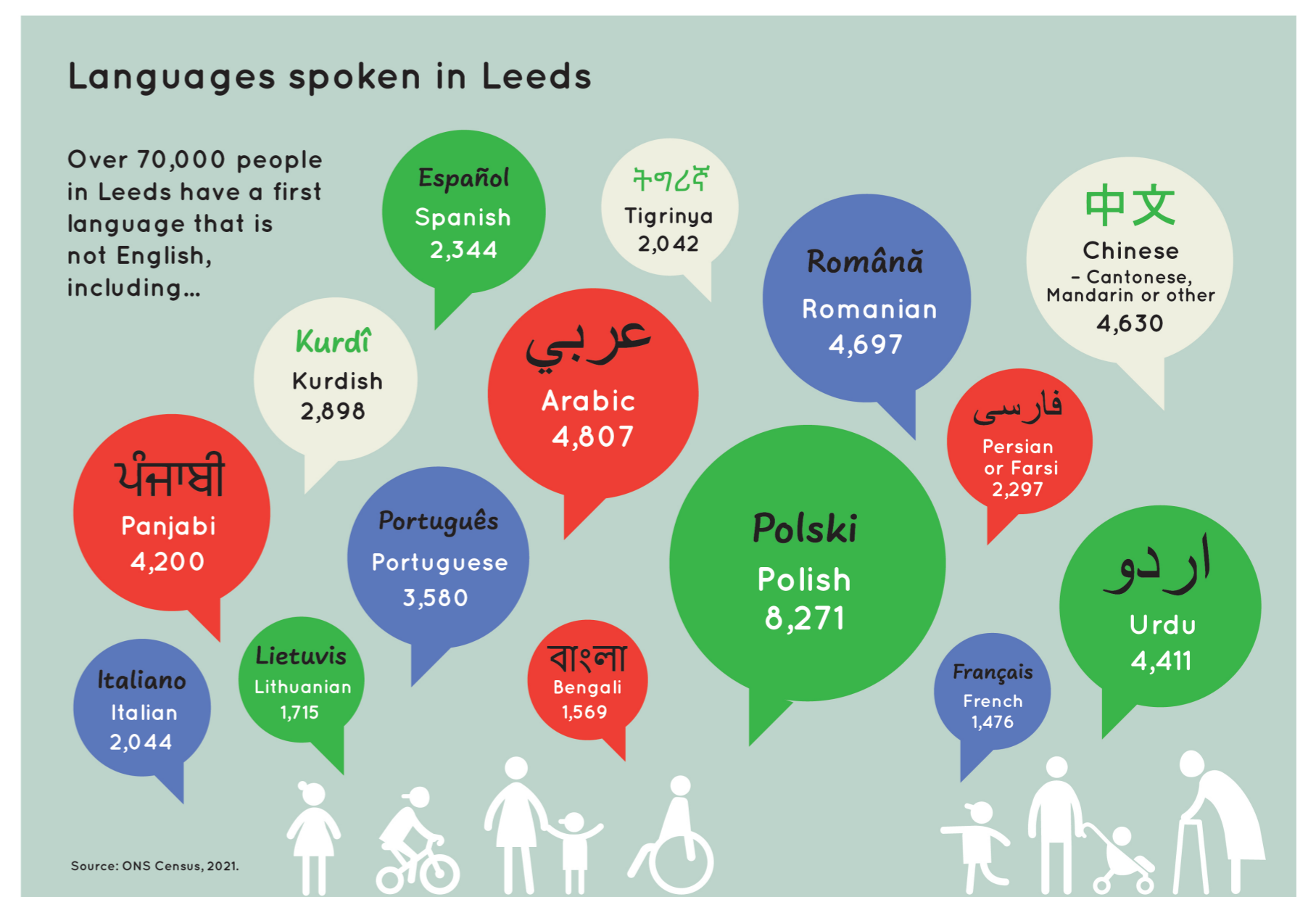
- The timeliness of securing an interpreter is a significant issue, with some patients unable to get appointments due to language barriers or misunderstandings during the booking process. New specification to audit timeliness of getting an interpreter.
- There are particular challenges with phone systems and online booking, where language barriers hinder effective use.

Taking a Personalised Approach to Interpreting Services

- It's important to match interpreters not only by language but also by dialect and cultural understanding. A personalized approach is necessary to ensure accurate communication and patient comfort.
- Ethnicity of people using the service should be routinely recorded and cultural preferences should be sensitively agreed.
- Patients expressed the need for interpreters who understand the specific context, terminology, and cultural nuances of the language being spoken.
- There's a significant need for translating medical documents and letters into the patient's native language to avoid misunderstandings, especially concerning medication instructions, side effects, and treatment plans.
- Written communication from services should be supported by spoken communication where possible. Where possible, provide people with an option to create an audio recording to feedback, especially for people with low levels / no education. Where not possible, language should be translated and in clear and simple terms.

Professionalism and Safeguarding

- Concerns were raised about the professionalism of interpreters, particularly regarding their knowledge of medical terms and confidentiality. In some cases, interpreters have provided incorrect or incomplete information, leading to dangerous situations.
- The need for gender-specific interpreters was also highlighted for discussing sensitive medical issues.



Compliments, Comments, Concerns, and Complaints

- Many participants felt they lacked a clear avenue to provide feedback or file complaints about interpreting services. There was a strong silence when asked how they would complain if needed.
- There's a need for a feedback mechanism, such as a charter or survey, to allow patients to evaluate their interpreting experiences.

Translation of Documents

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Quality Assurance and Continuous Improvements

- Participants suggested that interpreters undergo specific training in medical terminology and cultural competence. It was recommended that interpreters be categorized based on their expertise in different fields (e.g., medical, housing).
- Continuous improvement could be fostered by recording patient language needs accurately on primary care systems and providing interpreters with preparatory materials ahead of appointments to ensure they are familiar with the terminology they'll encounter.

The workshop highlighted the need for better access, improved booking procedures, personalisation, and feedback mechanisms in interpreting services to ensure patient safety and comfort. There is an opportunity to address this in the new specification.

Further consultation with experts by lived experience is available through HCT (Healthy Communities Together) (hctleeds.co.uk).